

Claim for Temporary Lodging Expense

Data required by the Privacy Act of 1974 Authority: JFTR, par U5700. Principle Purpose: To establish the amount payable for Temporary Lodging Expense Allowance. Routine Uses: Reference is used to substantiate payment of Temporary Lodging Expense Allowances. DISCLOSURE: Mandatory. Failure to provide information will result or the loss of requested revenue.

Rank	Name (last name first)	SSN	Home Phone
Mailing Address: Number & Street		City/State	Zip Code
Current Unit Assignment			Unit Phone
Marital Status (circle one): Single Divorce Married Dual Military		If Military, Spouse's SSN:	Spouse's Current Duty Station
Did you stay in off post lodging: Yes or No		(without an SNA# from housing you are only authorized reimbursement for the on-post rate)	
Statement of non-availability # _____			

LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

Name	Relationship	Date of Marriage	Date of Birth

Date HHG Picked Up	Did you do a DITY move ? Yes or No
Date HHG Delivered	If Yes, what date ?

LODGING INFORMATION

PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.

I hereby certify that I was required to obtain temporary lodging for the following days:

DAY	Date	Location of Lodging (City & State)	Daily Lodging Costs	# Persons Claimed		
				SM	Over 12	Under 12
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Date terminated quarters (if applicable):	
Date assigned quarters (if applicable):	
Departure date from old duty station:	
Arrival date at new duty station:	
SIGNATURE OF SERVICE MEMBER:	DATE:
This payment will be made electronically to your current direct deposit account.	
Signature of Finance Clerk	Date: Time: